2000 UNIFORM BUSINESS REPORT (UBR)

0258731

DOCUMENT # P97000044913

1. Entity Name

GLOBAL HEALTH SOLUTIONS CORPORATION

FILED

00 JUN 16 PM 2:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2614 NW 97TH AVE. MIAMI FL 33172	2614 NW 97TH AVE. MIAMI FL 33172-1413

2. Principal Place of Business	3. Mailing Address
8360 W. FLAGLER	8360 W. FLAGLER
Suite, Apt. #, etc. SUITE 209	Suite, Apt. #, etc. SUITE 209
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33144 Country U.S.A.	Zip 33144 Country USA

4. FEI Number 65-0754409 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, MARIA E 5622 NW 104 COURT MIAMI FL 33178	Name HELENE W. PLUSCH Street Address (P.O. Box Number is Not Acceptable) 8360 W. FLAGLER SUITE 209 City MIAMI FL Zip Code 33144

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE H. WENDY PLUSCH H. Wendy Plusch 6/15/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RODRIGUEZ, LOURDES M 2614 NW 97TH AVE. MIAMI FL 33172	☒ Delete	P-ST PLUSCH, H. WENDY 8360 W. FLAGLER SUITE 209 MIAMI, FLORIDA 33144	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NESPERIERA, ELENA 2614 NW 97TH AVE. MIAMI FL 33172	☒ Delete	300003314333--7 -07/06/00--01013--009 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FIELDS, MARIA E 5622 NW 104TH COURT MIAMI FL 33178	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lourdes M Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/00 Date

305-226-2350 Daytime Phone #

FLAFILER COPY